

PART B - FEE(S) TRANSMITTAL

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83790

7590

07/01/2009

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(Depositor's name)
(Signature)
(Date)

Coastal Patent, LLC
 P.O. Box 232340
 San Diego, CA 92193

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/643.102

08/18/2003

Mark Krier

ETRNS.020CP1

3314

TITLE OF INVENTION:

OPTIMIZED CAPACITIVE DIPOLE ANTENNA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$755

\$300

\$1055

10/01/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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A, MINH D

2821

343-749000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address or Change of Correspondence Address form PTO/SB-122 attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47, Rev. 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Coastal Patent, LLC

2. Joshua S. Schoonover

3. -

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ETHERTRONICS, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

San Diego, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _

4b. Payment of Fee(s):

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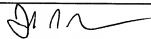
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-4842

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date September 30, 2009

Typed or printed name

Joshua S. Schoonover

Registration No. 63,294

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